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**TRANSMITTAL
FORM***(To be used for all correspondence
after initial filing)*

Application Number	10/717,049
Filing Date	November 18, 2003
First Named Inventor	Richard Martin
Art Unit	1626
Examiner Name	Deborah C. Lambkin
Attorney Docket No.	980049.410C1

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>):
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	_____
<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Terminal Disclaimer	_____
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	_____
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	_____

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	40211
Signature	<i>Carol J. Roth</i>		
Printed Name	Carol J. Roth		
Date	November 22, 2005	Reg. No.	32,783

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Date:
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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